

APR 22 1937

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

12805

1. PLACE OF DEATH

 County Newton Registration District No. 611
 Township Seneca Primary Registration District No. 5812
 City Seneca R. 20 (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

John Howard Cohen
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Chambers6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28-19057. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
31 10 258. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Thomaston (STATE OR COUNTRY) Georgia13. NAME John W. Cohen14. BIRTHPLACE (CITY OR TOWN) Delbin (STATE OR COUNTRY) Ireland15. MAIDEN NAME Martha Daniel16. BIRTHPLACE (CITY OR TOWN) Wa. (STATE OR COUNTRY)17. INFORMANT John W. Cohen (ADDRESS) Seneca Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE First Baptist DATE 3-26 193719. UNDERTAKER W. H. Hayward (ADDRESS) Seneca Mo.20. FILED 4/10 1937 W. C. Barnard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23 193722. I HEREBY CERTIFY, That I attended deceased from 3-1 1937, to 3-23 1937I last saw him alive on 3-23 1937. Death is saidto have occurred on the date stated above, at 5-30 PM

The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset

Other contributory causes of importance:

Pneumonia
TuberculosisName of operation none Date of _____What test confirmed diagnosis? _____ Was there an autopsy? Y

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. C. Barnard, M. D.(Address) Seneca Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

